



SIM Community Linkages Work Group

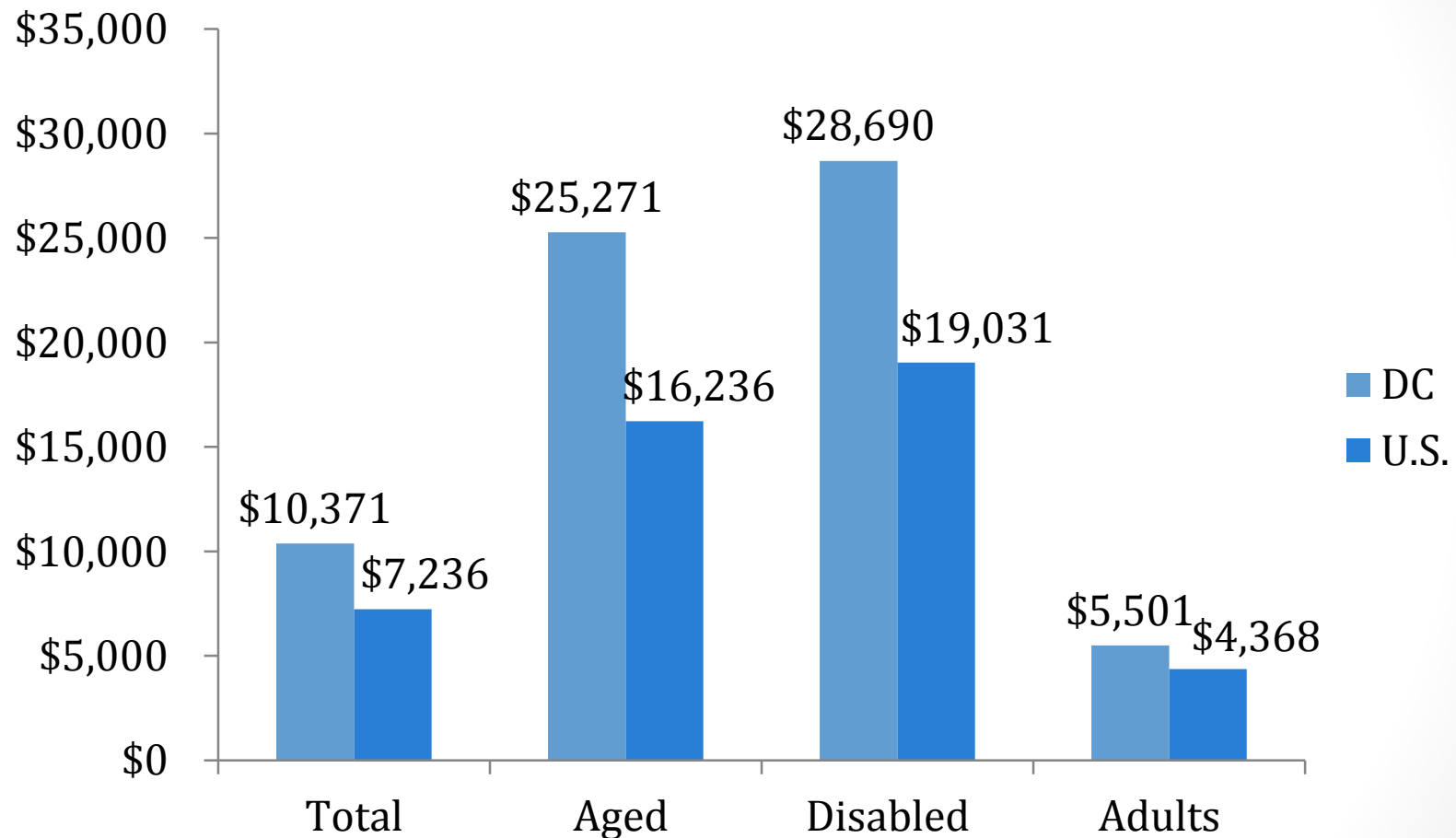
Dena Hasan, Lead Project Manager
Health Care Reform and Innovation Administration
Department of Health Care Finance
November 20, 2015

Agenda

- DC Landscape & CMS's State Innovation Model
- SIM Advisory Committee and Workgroups
- Community Linkages Workgroup and Proposed Meeting Agendas
- Next Steps

DC Landscape & CMS's State Innovation Model

DC Medicaid Per Person Spending, FY 2012



Source: Medicaid and CHIP Payment and Access Commission (MACPAC), "MACStats: Medicaid and CHIP Program Statistics," June 2014, based on Medicaid Statistical Information System (MSIS) data.

Commonwealth Scorecard Utilization Metrics

Measure	DC State Rank (1-51)
Hospital admissions among Medicare beneficiaries for ambulatory care–sensitive conditions, ages 65–74	43
Potentially avoidable emergency department visits among Medicare beneficiaries	51
Medicare 30-day hospital readmissions	51

Commonwealth Scorecard Healthy Lives Metrics

Measure	DC State Rank (1-51)
Mortality amenable to health care, deaths per 100,000 population	49
Breast cancer deaths per 100,000 female population	51
Colorectal cancer deaths per 100,000 population	49
Infant mortality	51
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	13
Adults who smoke	22
Adults ages 18–64 who are obese (BMI \geq 30)	2
Children ages 10–17 who are overweight or obese (BMI \geq 85th percentile)	42

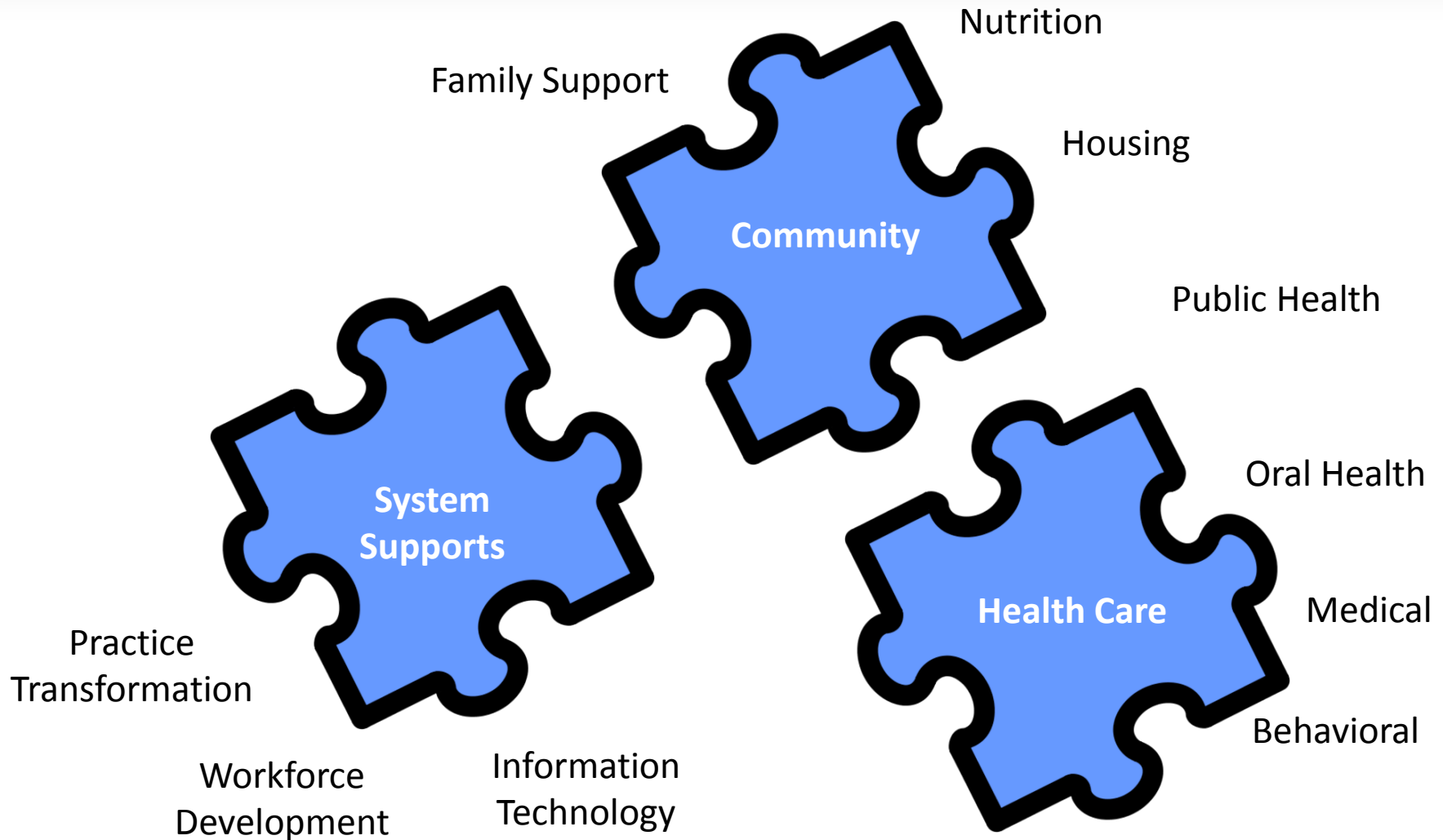
Health Disparities in DC

Measure	DC Status (2010)
Cancer Mortality Rate	African American mortality rate of 250.4 per 100,000, more than double the rate among Whites (111.9)
Heart Disease Prevalence	Wards 6, 7, and 8 have the highest prevalence of heart disease with the lowest prevalence in Wards 1 and 2
Diabetes Prevalence	13.4% of African Americans have been told that they have diabetes compared to 2.5% of Whites, 5.5% of Hispanics, and 7.3% of other races
Diabetes Mortality Rate	African Americans crude death rate due to diabetes is seven times the rate for Whites
HIV/AIDS Diagnosis Age	Hispanics newly diagnosed with HIV were more likely to be younger than other racial groups
Infant Mortality Rate	Ward 8 has a rate of 12.9 per 1,000 live births, more than twice the U.S. rate (6) and far exceeding the DC rate (8)
Chronic Lower Respiratory Disease Mortality Rate	Ward 5 had the highest rate of 37.7 per 100,000 while Ward 1 had the lowest mortality rate (10.5)

Source: DC Community Health Needs Assessment, Department of Health, Feb. 2014,

http://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%20DOH%20CHNA%20%28Final%29%2004%2030%202014%20-%20Vol%201.pdf

Opportunity for the District



DC Awarded SIM Design Grant of \$1mil

- DC received SIM funding from CMMI to design the District's State Health Care Innovation Plan to achieve the Triple Aim --- improved health, improved quality of care and lower costs
- Each awardee has one year to construct the plan; DC and other states were awarded extensions
- The plan must be created through consistent stakeholder engagement, including Governor/Mayor-level executives, public and private payers, health service providers, etc.
- Each state's State Health Innovation Plan must detail the District's strategy in reduce the cost of care for all DC residents through improving health system performance and health care service quality --- with special attention on Medicare, Medicaid and CHIP beneficiaries



DC's SIM Goals

Improve health outcomes, experience of care, and value in health care spending for high-cost, high-need patients in D.C.

By 2020:

- 1) Significantly improve performance on selected health and wellness outcome quality measures and **reduce disparities**;
- 2) Reduce inappropriate utilization of **inpatient and emergency departments by 10%**;
- 3) Reduce preventable **readmission rates by 10%**;
- 4) Better align overall health spending and re-invest savings towards prevention and addressing housing and other **social determinants of health**; and
- 5) Develop a **continuous learning health system** that supports more timely, efficient, and higher-value health care throughout the care continuum.

DC's SIM Road Map



SIM Overall Goals:

Improve health outcomes, experience of care, and value in health care spending for high-cost, high-need patients in D.C.

SIM Short Term Goal:

Implement a Chronic Condition Health Home

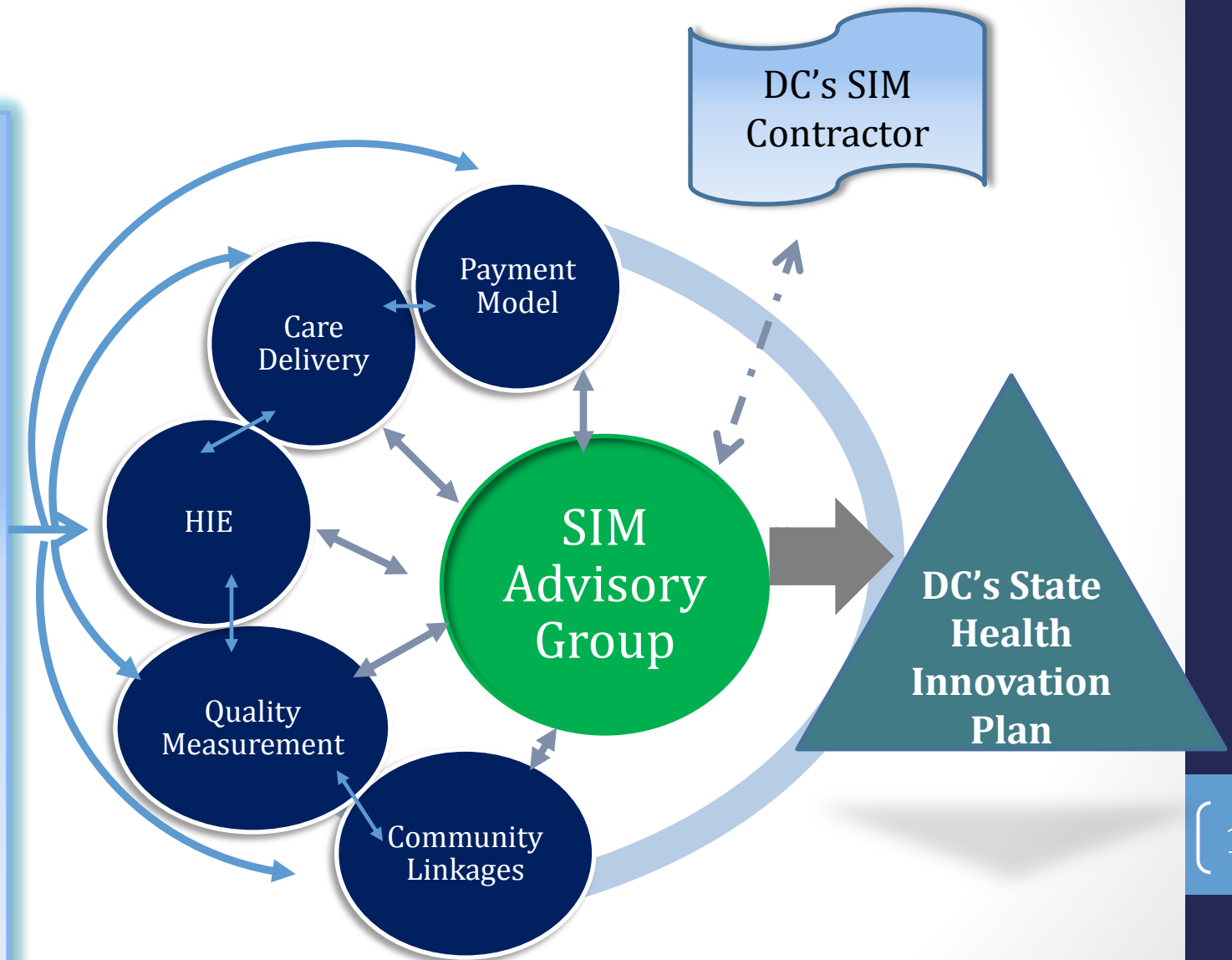
SIM Long Term Goal:

Transform the payment/delivery system to hold providers accountable for outcomes

DC SIM Advisory Committee & Workgroups

SIM Advisory Committee and Workgroups

Stakeholders



Components of the State Innovation Plan

Key Elements of the SHIP	Responsible Work Group(s)	Key Issues to Address
Health System Design and Performance Objectives	Quality Metrics Care Delivery Payment Models	<ul style="list-style-type: none"> • Agree on and align core set of quality measures • Identify sub-populations in need of targeted interventions • Tie quality measurements to payment
Value-Based Payment and/or Service Delivery Model	Payment Models	<ul style="list-style-type: none"> • Reduce duplicative care coordination efforts and incorporate social services into intervention • Identify promising payment models and determine level of financial risk and risk-adjustment
Plan for Health Care Delivery System Transformation	Care Delivery	<ul style="list-style-type: none"> • Identify appropriate staffing models and provider eligibility for Health Homes • Identify policies that build off of Health Homes to increase provider accountability
Plan for Improving Population Health	Care Delivery Community Linkages Quality Metrics	<ul style="list-style-type: none"> • Identify sub-populations to target for future interventions • Use payment to address social determinants of health • Include population-based quality measures
Health IT Plan	HIE	<ul style="list-style-type: none"> • Identify and design tools to support provider coordinate care and for future needs as payment/delivery models change
Workforce Development Strategy	Care Delivery Community Linkages	<ul style="list-style-type: none"> • Identify workforce gaps and propose solutions to support care coordination and future workforce needs as payment/delivery models change